

Requirements for 01-019/441--Drug and Alcohol Rehabilitation Hospitals and Units

*All Drug and Alcohol Rehabilitation hospitals must be certified by Medicare **prior** to enrollment with Pennsylvania Medicaid.*

Specialties and Codes

- 019- Drug and Alcohol Rehabilitation Hospital
- 441- Excluded Drug and Alcohol Rehabilitation Unit (*Note that Providers must already have an Acute Care Hospital (01-010) enrolled under the same Tax ID to choose this specialty.*)

Provider Eligibility Program (PEP)

- Fee-for-Service

Required Documents for Both Specialty Codes

- Completed application for enrollment of a Facility/Agency—application must include:
 - Signed Provider Agreement with original signature of an executive officer; and
 - Completed Ownership or Control Interest Disclosure form
 - If enrollment of a new facility, submit a copy of the MA cost report (MA 336)
- A copy of the license issued by the Department of Drug and Alcohol Programs
- Copy of an acceptable Utilization Review Plan, signed by an executive officer and written in compliance with federal regulations under 42 CFR 456.100 and state regulations under §1163.473
- Copy of current transfer agreements with a skilled nursing facility, a psychiatric facility, and/or an acute care hospital
- Certificate of Accreditation from a deemed accrediting agency such as: The Joint Commission on Accreditation of Healthcare Organizations, the American Osteopathic Association, or Det Norske Veritas Healthcare, Inc.
- Documentation certifying that at least 75% of patients required treatment for Drug and Alcohol abuse during most recent 12-month reporting period
- Documentation generated by IRS showing both the Provider's legal name and FEIN—documentation must come from the IRS; this Department **does not** accept W-9s
- Clinical Laboratory Improvement Amendments (CLIA) certificate and PA DOH lab permit, if applicable
 - This requirement applies equally to both In-State and Out-of-State Providers
- If application is for an Out-of-State Provider, submit proof of:
 - Home state Medicaid participation; and
 - Copy of most recent Medicaid **Rate Letter**
- If Provider operates under a fictitious name, submit copy of D/B/A filing with Department of State Corporation Bureau

- **Units** must submit a copy of their confirmation of exclusion from the Medicare Prospective Payment System

Requirements for Drug and Alcohol Rehabilitation Hospitals Only

- If Hospital is tax-exempt, submit IRS 501 (c)(3) letter confirming that status
- DEA certificate, if applicable
- Copy of Corporation paperwork issued by the Department of State Corporation Bureau

Inpatient Drug and Alcohol Facilities (01-019/441) should apply online via our Electronic Provider Portal at <https://provider.enrollment.dpw.state.pa.us> . If circumstances do not allow online submission and the Medicare fee has been paid, send the paper application and all required documents to:

**DHS Provider Enrollment
PO Box 8045
Harrisburg, PA 17105-8045
Fax: (717) 265-8284
E-mail: RA-ProvApp@pa.gov**